

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90347 029 \*\*\*150.00

0405372 AV

**DOCUMENT # P01000001418**

1. Entity Name  
**TV STAR PARTIES & EVENTS, INC.**

Principal Place of Business <b>20423 STATE ROAD 7          SUITE 422          BOCA RATON FL 33498</b>	Mailing Address <b>20423 STATE ROAD 7          SUITE 422          BOCA RATON FL 33498</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. <b>Fl, #422</b>	Suite, Apt. #, etc. <b>Fl, #422</b>
City & State	City & State

4. FEI Number <b>65-1066158</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
-----	---------	-----	---------	---

**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS NETWORK INC.  
 941 FOURTH STREET #200  
 MIAMI BEACH FL 33139**

**7. Name and Address of New Registered Agent**

Name: **Lori McGuire**  
 Street Address (P.O. Box Number is Not Acceptable): **20423 St. Road 7**  
**Fl, #422**  
 City: **Boca Raton** FL Zip Code: **33433**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Lori McGuire* DATE: 4/29/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME	<b>D</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>MCGUIRE, LORI</b>
CITY-ST-ZIP	<b>20423 STATE ROAD 7 BOCA RATON FL 33498</b>
TITLE NAME	<b>D</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>MCGUIRE, MALCOLM</b>
CITY-ST-ZIP	<b>20423 STATE ROAD 7 BOCA RATON FL 33498</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lori McGuire* DATE: 4/29/02 DAYTIME PHONE #: 561-479-4120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)